		1 PLACE OF DEATH 13000	
N S	31		STATE OF MARYLAND
SICIAN	Coun	ity a closury co.	CERTIFICATE OF DEATH
Sig	:		Registration Dist. No.
HY sta	Villa	ge or City Oumberlan X, No. B U. 4. a	St.: Ward) [If death occurred in
act P	Villa	Je of City	a hospital or institution,
EX		2 FULL NAME Stillborn UN	of street and number.]
classified.	441 0 5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ssiffic	3 SE	X 4 COLOR OR RACE   5 SINGLE,	16 DATE OF DEATH
stated ly claste.	20		(Month) (Day) (Year)
st.	A	(Write the word)	17 HEREBY CERTIFY, That I attended deceased from
d be sta roperly ificate.	6 DA	TE OF BIRTH	Cluy 17, 1915, to Cuy 17, 1915,
hould be st be properly certificate		(Month) (Day) (Year)	that I last saw h alive on all 17, 1915,
40 14-	7 AG	E TOOK If LESS than	and that death occurred on the date stated above, at
SEA		yrs mos ds OR min.?	The CAUSE OF DEATH * was as follows:
	8 00		
that s on	(a	CCUPATION ) Trade, profession, or	Of A A A
Sono	0 (b	) General nature of Industry	JALXI DVVIII
fully si terms struct	bu: wh	siness, or establishment in ich employer)	
		IRTHPLACE O O O	Contributory Secondary
plain See ir		(State or country) Cumberlend Mis.	(Burajion)yrsmosds,
Spe		10 NAME OF PARTHER PARTHER PARTHER TO TO TO TO THE PARTHER PAR	(signed) The 19 askalle - M. 9.
nt.	S	11 BIRTHPLACE	Que 17 1915 (Address Jumberland Ma
Shoul ATH ortan	N N	OF FATHER COLVAN & / lim	State the DISEASE CAUSING DEATH, or, in deaths from TIGLENT
ion should F DEATH important.	œ	12 MAIDEN NAME OF MOTHER :	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	PA	Luna //lug. pane sor E	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
SE O		13 BIRTHPLACE OF MOTHER WIND TANK A W. T.	At place In the of death yrs. mos. ds. State, yrs. mos. ds.
CAU N is	14 71	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
e of 100		On 1 18 11 60 10 SUS)	if not at place of death?
sta Sta		(Informant)	usuel residence
Every item should sta OCCUPAT		(Address) Soussiles land m	Place of Burial or REMOVAL DATE OF BURIAL
Sho	15	AUG 18 1915 May 11 14	20 UNDERTAKER A LADREST
m	File	ed , 191 Alax Justin	War Dackard War of fut
ż		REGISTRAR	16 W Saystone St. Ballo, Requesting V. S. No. 1

If more blanks and needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers employed, as At sekaol or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Doy laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) ( rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, applies to each and every person, irrespective of age. is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Stationary fireman, etc. Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from (b) Auto-('und

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway troin-occident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmin," "Weakness, "PUERPERAL perilonitis," etc. State eause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough: Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Meosles; Whooping or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-F., sepsis, telonus) may be stated "Eropsy," carbolic acid-probably Never report mere "Exhaustion, nound



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1. N. B.

County Sill garry	CERTIFICATE OF DEATH
Village or City Emples and No. 7 Pest 9 2 FULL NAME Peter Barne	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildburd OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH	July 1 , 1915, to ang 8 , 1915.
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 (LESS than 1 day, hrs. OR mile,?  8 OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 5 P. m. The CAUSE OF DEATH * was as follows:
(b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Paralle Description de.
10 NAME OF FATHER Tukuouu  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) (Address) (Address) (State the Dispase Causing Drays, or, in deaths from Violent Causes, state (1) Mans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE CF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deeth
(Informant) Machine To the BEST of MY KNOWLEDGE  (Address) 49 Brown St	If not at place of death?  Fermer er  usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
If more blanks are needed, address State Registrar,	20 UNDERTAKER ADDRESS

STATE OF MARYLAND

1300%

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL sephicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Añaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations rent) affection need not be stated unless important. The nature of the injury, as fracture of skull State cause for which Never report mere



CTLY. PHYSICIANS	Village or City Sumberland (No. 1/9, M. 2 FULL NAME Stellbarn	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME Instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nould be stated EXAC ce properly classified certificate.	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO OR OIVORCED (Write the word)	16 OATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	ang 11 1915	Jean 1913, to cell 1913,
GE sl may ck of	7 AGE (Month) (Day) (Year) 7 AGE   if LESS than   1 day,hrs.   ORmin.?	and that death occurred on the date stated above, at
so that	8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	3-/2 month - premature  Duth (Durston) yrs mos ds.
carefully su ain terms,	which employed (or employer).  9 BIRTHPLACE (State or country)	Contributory Secondary
be in pl	10 NAME OF FATHER X Beel	(Signed) William Roads, M. O.
ion should F DEATH important.	C State or country)  Mary land  Mary land	State the DISEASE CAUSING DEATH, or, in deaths from Violent, Calses, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
iformat USE O Is very	13 BIRTHPLACE OF MOTHER (State or country)  Many land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piscs In the of desth
state C	(Informant) Moss. & See A	if not at place of death?
B.—Every item of in should state CA OCCUPATION	(Address) Lenggeland Put 15 FILED 12, 191 Hay William REGISTRAR	DATE OF BURIAL  ADORESS  Churcherland
ż	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired engaged in doniestie service for wages, as Servant, Coak, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used "Foreman," "Manager." "Dealer," etc., without more mobile factory. especially in industrial employments, it is necessary to engineer, Stationary breman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-Ciril

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations rent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deathis birth or miscarriage as "Prenpenal septichorania," chopneumonia (seeondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning. "Puerperal perilonitis," etc. ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping MEANS OF INJURY and qualify as Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion," State eause for which Never report mere ACCIDENTAL, important.



vi

should Is OCCUPATION PHYSICIANS statement PERMANENT EXACTLY. classified. properly supplied. pe UNFADING may 80 terms, plain E See Instru 0 Every Item CAUSE OF Important.

certificate.

9

back

Instructions

15

Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No fif death occurred in -Ward) a hospital or institution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIEO WIDOWED (Monito (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ State Where was diseaso contracted. If not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the pistast Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from huslness, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using diways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-"Contributory." Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is iess definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of



3004

SINGLE, MARRIEO, WIDOWEO OR OLVORGEO (Write the word)

(Day)

P. September		The state of the s
	STATE OF MA	DVIAND
10	CERTIFICATE OF	
1/1	CERTIFICATE	of DEATH
	Registration D	ist. No.
7., /s	fully St; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
RS	MEDICAL CERTIFICATE	OF DEATH
)	16 DATE OF DEATH	
rogle.	(Month)	(Day) (Year)
. /	17   I HEREBY CERTIFY, That I at	tended deceased from
11	19 19 1915 to A	19 21 , 191 5
, 1.9/5 (Year)	that I last saw hell alive on	1
If LESS than	and that death occurred on the date s	tated above, at . A. m.
l day,hrs.	The CAUSE OF DEATH * was as follo	
or min.?	THE CAUSE OF DEATH & Was as follo	ws:
<u></u>	Pyrenlesy (Burstion)	yrsds,
	Contributory Rud Make	
<u></u>	(Signed) (Burstion) (Signed) (Signed) (Address) (Address) (State the Disease Causino Dratti, or Causes, state (I) Means of Injury; and Suicidal or Homicidal.	lulany My.
ti ·	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place In the	INSTITUTIONS, TRANSIENTS,
GE	Where was dicease contrasted, If not at place of death?	yrs,ds,ds,
Hown	Former or usual residence	
111	19 PLACE OF BURIAL OF REMOVAL	OATE OF BURIAL

UNDERTAKER

If more blanks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Crocery; (a) Foreman, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Leeler," etc., without more of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material werked on may form part If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Struck to determine definitely. Examples: Accidental drowning, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping by railway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion,"



	PLACE OF DEATH	
	COO	STATE OF MARYLAND
Coun	to allegany	CERTIFICATE OF DEATH
		Registration Dist. No.
	O O I to the The	/ /2/
Villag	ge or City Cumberland (No. 11 -1119	St; Ward) [If death eccurred in a hospitet or institution,
		give its NAME Instead
	2 FULL NAME / Varay / 9	unger of street and number.]
		I MARRIAN OFFICATE OF PEATURE
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED,	16 DATE OF DEATH aug 14 1914
71	Male What GR DIVORCEO (Write the word)	(Month) (Day) (Year)
6.00	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
- OA	O na	aug 2 ,191 to ang 1x ,1911,
	(Month) (Day) (Year)	that I last saw humalive on accep 1 & 191 +
7 AG		and that death occurred on the date stated above, at 9 17 m.
	26 1 day, brs.	The CAUSE OF DEATH was as follows:
	JO yrs, mos, ds. OR min.?	menengilis
8 00	CCUPATION ) Trade, profession, or	
	rlicular kind of work	('
(h	) General nature of lodustry	'
	siness, or establishment in ich empleyer)	(Ouration) yrs. mos ds.
9 BI	RTHPLACE	Contributory Secondary
	(State or country)	(Buration) / yrs. mos. ds
	10 NAME OF CTA	(had Mather)
	FATHER Shomes Surger	(Signed) , M. O.
ENTS	11 BIRTHPLACE	Colley 14, 191. (Address) Milliam Mills
Z W	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental,
CC	12 MAIDEN NAME OF MOTHER TO	SUICIDAL OF HOMICIDAL
PA	Marilde Jeag	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	At place in the Dout Muoro of death was mes. 4 ds. State wis mos. ds.
-	(State or couptry)	Where was disease contracted,
14 Th	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death? Uyuhia Dolel
	(Informant) / M. Junger.	Former or olympia Statel
	00 800	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
	(Address) Colombia Cuty	Rose Hill Que aug 15. 1915
15	AUGIAIOIS Main V. Alan	
File	ed AUG 4 1391 NOX YUMA	20 UNDERTAKEN ADORESS
	REGISTRAR	tous Stew City
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day laborer, Farm labarer, Lohorer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, "PUERPERAL perilanitis," etc. birth or miscarriage as "Puenperal septichuemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Antenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. "Old Age," "Shock," "Uraemia," "Weakness," The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere important



N. B.

County allegary Village or City Currebuland (No. 67, R 2 FULL NAME Margaret Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenule White Single, Single, MARRIED, Friedle White Wildowed OR DIVORCED OR DIVORCED OR DIVORCED	(Month) (Day) (Year)  17   HEREBY CERTIFY, That Lattended deceased from
G DATE OF BIRTH June 3rd , 1915	that I last saw h & alive on 4 ,1915,
7 AGE (Month) (Day) (Year)  1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, a l m.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Dostoi Ewteriti.
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Curribuland Md  10 NAME OF FATHER BASES	Secondary  (Buration) yrs mos ds.  (Signed) s f f f f f f f f f f f f f f f f f f
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Jaa awry	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
13 BIRTHPLACE	SUICINAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country). Va.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ms. Wm. Bush	of death
(Address) City  15 Filed SEP-2 19161 Max Market  REGISTRAR	19 PLACE OF BURIAL OR MEMOVAL  Seff 2, 191  20 UNDERTAKER  ADDRESS  City.
	16 W. Saratoga St., Balto., dequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. & yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servent, Cook, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day leborer, Farm laborer, Loborer employed, as At school or At home. Care should be of the second statement. Never return "Laborer," "Foreman," "Manager," "Desler," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) rovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, applies to each and every person, irrespective of age. -- ('oul mine, etc. Women at home, who are engaged in first line will be sufficient, c. g., Furmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic ocid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," cause. Always qualify all diseases resulting from child-"Heart failure," "II emorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Conia," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasins); Meostes, Whooping or miscarriage as "Puemperal septichacmia," The contributory (secondary or intercuretc.), "Tropsy," "Exhaustion," Never report mere ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County Registration Dist. No. It death occurred in ..Ward) a hospital or institution. EXACTLY, F give its NAME instead of street and number. 2 FULL NAME RECORD classified MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, Marrie 16 DATE OF DEATH 4 COLOR OR RACE stated OR DIVORCED be properly of certificate attended deceased from 6 DATE OF BIRTH should (Year) (Month (Day) If LESS than 7 AGE may ш 1 day. hrs. back DEATH \* was as follows: O OR min. ? بد mos. that (a) Trade, profession, or LO O supplied instructions particular kind of work 20 (b) General nature of industry terms, business, or establishment in which employed (or employer carefully 9 BIRTHPLACE (State or country) plain See 10 NAME OF 2 pino important. EATH BIRTHPLACE L OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CATKES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country) PLAINLY, RE f information CAUSE OF D 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE In the Al place (State or country) WRITE State, ...... yrs. ..... mos. ..... ds. .....yrs. .....mos. ..... 9 Where was disease contracted, should state CA OF MY KNOWLEGGE 14 THE ABOVE IS TRUE TO If not at place of death?... of Former or item (Informant usual residence DATE OF BURNAL Every (Address) 15 20 UNDERTAKER 0 REGISTR Z If more blanks are needed, address State Registyar, 16/W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Catton cian, Campositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physi-Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as "Heart failure," "Heemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." - (Recommendations and consequences (e. g., sepsis, telunus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia." cough; Chronic valrular heart disease; Chronic interstitial Struck by railway train-accident; Revolver wound of birth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonilis," etc. State cause for which cause. Always qualify all diseases resulting from childchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping ges, peritanarum, etc., Curcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," Never report mere "Exhaustion," ACCIDENTAL, ("Con-



PHYSICIANS should state of OCCUPATION is very

Exact statement of

may be properly classified.

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carefully supplied. certificate.

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See instructions on back

Important.

(Address).

Every item of information should b

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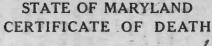
PERMANENT EXACTLY.

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

2 FULL NAME



12 Registered No.

St; .....Ward)

[If death occurred in a hospital or Institution. give its NAME instead of street and number.

	PERSONA	L AND STAT	STICAL P	ARTICULA	RS.
3 SE	1	colon OR R.	WIDE	RIEO, COMED,	rigle
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	10 NAME OF FATHER	mick	aell	auj	hell
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PARE	12 MAIDEN NA OF MOTHE		abel	XN	unn
	OF MOTHER (State or coun	E		yla	ud

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

auguer		, 1910
(Month)	(Day)	(Year)
17 I HEREBY CERTIFY, The		
aug. 28 991 5, to au	ug 289	191 .5.
		,
that I last saw h alive on		, 191
and that death occurred on the date stat	ed shows at 2	MB
The CAUSE OF DEATH* was as follows		
***************************************	1	
ruscar	reegl	
ф.		
1.11.	11	
(Duration)	yrs. mo	osds.
Contributory WWW OL	NW	
(Secondary)		
(Duration) .		osds.
(Signed) m-J. mas &	SX.	
		, M. U.
Cery. 31, 1915 (Address) 20	udla	id-le
*State the DISEASE CAUSING DEATH, o		
CAUSES, state (1) MEANS OF INJURY; a	and (2) whether	ACCIDEN-
TAL, SUICIDAL, OF HOMICIDAL.		
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)	.s, Institutions, 1	TRANSIENTS,
At place in the		
	yrs m	os ds.
Where was disease, contracted;		
It not at place of death?		*******
Former or usual residence		
19 PLACE OF BURIAL OR REMOVAL	DATE OF BU	IRIAL
	h	, 191
20 UNDERTAKER	ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

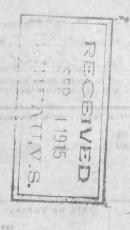
REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement the nature of the business or industry, and therefore an applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Incumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train\_accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." LENT DEATHS State MEANS OF INJUBY and qualify as The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of (name origin; "Can-State cause for Never report



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. lif death occurred is -Ward) a hospital or Institution. give its NAME Instead of street and number.] **\*FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. neamed WIDOWED. (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLAGE 12 191.5. OF/FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAPSES, state (1) MEANS OF INJURY, and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State Where was dispase contracted. If not at place of death? Former or usuai residonce 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 د. ک.191 ر. د. 20 UNDERTAKER ADDRESS REGISTRAF naconn

If mord blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The question

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic core-brospinal meningitis"); Diphthoria (avoid use of "Croup";) aTyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State canse for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjnry, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, thre of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For vio-



V. S. No. 1.

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Vil	lage or City Luke, Md	
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J. J		
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	10 NAME OF TO FATHER 79	
ENTS	11 BIRTHPLACE OF FATHER (State or country)	
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1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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5	L.,	 <b>YY</b>	a	(b)	

[if death occurred la a hospifal or iostitutioo, give its NAME Instead of streef and number.]

FULL NAME A. COV	76
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male phil (Write the word)	16 DATE OF DEATH Mayor 5- 1915- (Month) (Day (Year)
6 DATE OF BIRTH	that I last ssw have alive on
OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary  (Ouration) yrs mos ds.  (Signed) Piedmont, W. V2.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) wbether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents)  At place in the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?
(Informanf)  Piedmont, W. Va.  16  Filan /// 6 1915 / M. W. Va.	Former or usual residence.  19 PLOCE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1/

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehacmus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ete., when a definite disease can be ascertained as the ture of the American Medicul Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (seeondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 71915

PLACE OF DEATH	STATE OF MARYLAND
County allegary	CERTIFICATE OF DEATH,
out it	Decision Diet No.
O land are	Registration Dist. No.
Village or City CumberCould (No. Cittle	St.; Ward) [If death occurred in a hospital or institution,
~ / le	give its NAME Instead
2 FULL NAME Shomas /	f Cook. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
Male White of Divorces (Write the word)	(Month) (Yay) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
aira 17 .870	1915, to 9, 1915,
(Morgh) (Day) (Year)	that I last saw h walive on aug /7 , 191 J,
7 AGE If LESS than	and that death occurred on the date stated above, at 1/1.9.m.
45 vrs mas ds OR min.?	The CAUSE OF DEATH * was as follows:
	11, 8,1
a) Trade, profession, or	figue anionius
(b) General nature of Industry	
business, or establishment in which employed (or employer)	(Ouration) yrs mgs ds.
	contributory before of afrim-
State or country) . Md.	dichal absces (outsion) via mos (2) de
10 NAME OF // A	(Signed) James 2 Latingon (M. O.
1 Teny Cook	60,2 = 1 00 1 hand he
H BIRTHPLACE OF FATHER	Sear the Drawing Carrey Officery on in deaths from Vice way
(State or country)  C 12 MAIDEN NAME	State the Disease Causing Weath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicidal.
State or country)  Maiden Name OF Mother  Lydia Shoulds	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs. mos. ds. State 4.5 yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted weeking and made
(Informant) Elisabeth Cook.	Former or Westernal of Med
(miorimani)	usual residence
(Address) Testernhort Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 AUC 4 7 AUT MAN A. P.	Mesternifert Mg ally 1, 101 3
Filed AUG 19 191 Mac Mulling	20 UNDERTAKER ADDRESS
REGISTRAR	Tollis Hell City
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at bonie, who are engaged in of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, mobile factory. The material worked on may form part business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, prespective of age tion is very important, so that the relative healthfultaken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revalver wound of "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. or miscarriage as "Puerpenal septichaemia," State cause for which Never report mere "Exhaustion,"



OCCUPATION 10 statement Exact classifled. should properly INK supplied. pe UNFADING may certificate. that 80 9 back terms, pinous 0 PLAINLY plain Instructions = EATH WRITE 0 0 니 mportant. Every It

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in Ward) a hospital or Institutico. give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICUL 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED, Mar WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1915 to ang that I last saw h. Lan. alive on Cang 2 (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at f day hrs. DEATH\* was as follows: OR ..... min. ? ds. BOCCUPATION encuartin (a) Frade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) .... Contributory 9 BIRTHPLACE (Secondary) (State or country (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 1910... (Address) ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, d OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) State \_\_\_\_ yrs, \_\_\_ mos. \_\_\_ ds. \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ Where was disease contracted, BEST OF MY KNOWLEDGE If not at Blace of death?. osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic ter" is icss definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_\_ The contributory Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion," \_\_ (name origin; "Candeath), 29 State cause for Examples:



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

PLACE OF DEATH County Ull gamy	STATE OF MARYLAND CERTIFICATE OF DEATH
/illage or City UM les layed.	Registration Dist. No.  St.; Ward [if death occurred in a hospital or institution, give its NAME instead or street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write she word)	16 DATE OF DEATH (Month) (DAy) , 191 (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from, 191, to, 191, 191, 191
yrs. mos. ds. dr. min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary  (Buration)  Trs. mos. ds.
10 NAME OF FATHER  () 11 BIRTHPLACE	(Signed) , M. 0
UBIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISPASSE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place of deathyrsmesds. State,yrsmesds Where was disease contracted,tree at places of death?
(Informant)	Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIRM 191	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U.S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers write Nonc. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tyberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which birth or miscarriage as "Purrperal septichaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid usc of state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite discase can be ascertained as the genital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-Never report mere "Exhaustion,"

	PLACE OF DEATH 13013	STATE OF MARYLAND
Coun	ity allegany	CERTIFICATE OF DEATH , /
Court		Registration Dist. No.
Villag	ge or City Ended (No. 67, A.	St.; Ward) : [It death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Thomas W	buthers of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH ang 15 10K
9	WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
M	nu /	17 I HEREBY CERTIFY, That sattended deceased from
DA	TE OF BIRTH	July / 1910, to and 10, 1910,
55	(Month) (Day) (Year)	that I last saw hemalive on any 1 , 191,
7 AG		and that death occurred on the date stated above, at 34 m.
•	/ vrs 6 mas /3 ds OR min.?	The CAUSE OF DEATH & was as follows:
8 0	CCUPATION	In that few
(a	) Trade, profession, or ricular kind of work	
(b	General nature of industry	
Wh.	siness, or establishment in hich employed (or employer)	(Burellon) yrs. mos. ds.
9 B	IRTHPLACE (State or country)	Secondary Secondary
	man of country)	(Buration) yrs mos ds
	10 NAME OF A CO	(Signed) Masthe Sound M. C.
u	11 BIRTHPLACE	Oury 16 1914 (Address) which has not
PARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
E	12 MAIDEN NAME ()	SUICIDAL OF HOMICIDAL
PA	OF MOTHER Steparth Stepeurt	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place to the of death yrs. mos. ds. State, yrs. mos. ds.
14 -	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted,
		If not at place of death?
	(informant) William Enuthers	usual residence
	(Address) Emmuel Sun & hed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	21/2/1	Kore 11 11 24 16, 1913
FI	1ed AUG 1 6 19 151 MULL MATCHEN	20 UNDERTAKER ADDRÉSS
	REGISTRAR	Jours Alem City
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
II		

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile foctory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) (rocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. taken to report specifically the occupations of persons the duties of the household only (not paid Hausekeepers is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, arrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronelopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by corbolic acid-probably Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. or miscarriage as "Puenpenal septicharmia," The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," State cause for which Never report mere "Exhaustion,"



V. S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH 13014

County allegary

Village or City Policie



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.\_\_\_\_

...St.;.....Ward)

[It death occorred is a hospital or institution, give Its NAME Instead of street and number.]

2 FULL HAME Matthew Danshey

PERSON	AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 3 SEX	4 COLOR OR RACE SINGLE, MARRIED Surfle WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
6 DATE OF BIRTH	The state of the s	I HEREBY CERTIFY, That I attended deceased from
· ·	man L . Es.	Jug. 16 1915, to lug 19 , 1916.
***	(Month) (Day (Year)	that I last saw him alive on Queglet 18 1915
TAGE	It LESS than	and that death occurred on the date stated above, at 10/5'A.m.
	1 day, hrs	The CAUSE OF DEATH* was as follows:
X	3 yrs 9 mos /7 ds. OR min.?	Knocked down + Trampled where be
8 OCCUPATION	MIT TO	Runaway Share I horses - Dock It
(a) Trade, protession, of particular kind of work	Melehman Kafman	Acros San January - Colling
(b) General nature of 1	Industry Well RR Crossey	
business, or establish which employed (or em	aployer)	(Duration) yrs mos 3 ds.
9 BIRTHPLACE (State or count	. 1	Contributory Concultion of train
(State or count	creland	Secondary
10 NAME OF	0 1	(Duration) yrs mos 3 ds.
FATHER	Nhu Daughen	(Signed) touces C. Deellect, M. D.
11 BIRTHPLA	CE O	Con 20, 1915 (Address) one soming my
Y II BIRTHPLA OF FATHE (State or II MAIDEN N OF MOTH		State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN N	AME O ++ CAMA	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTH	a (al harma nuossua,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTE
13 BIRTHPLAC		At place in the
(State or	country) Island	ot death yrs. mos. ds. State yrs. mos. ds
THE ABOVE IS	TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(!nformani)	Mary Deughen	Former or
(1110111111)	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	usual residence
(Address)	& maconing	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	000/	It Falnels Censtery Jaster Clip 1, 1915
Filed My 10	1915 J. M. Wonder	20 UNDERTAKER ADDRESS
	REGISTRAR	M. Zeohhozu & maconing
	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material-worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion,"



1 PLACE OF DEATH	STATE OF MARYLAND
County allegacy	CERTIFICATE OF DEATH
2. (80)	Registration Dist. No. 5
Village or City Seen Stat (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME YOULD WORK	O-CHILD COL
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed or Divorced or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from , 191, 191, 191,
(Month) (Day) (Year)	that I last saw have alive on 1914,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at Com.
50 yrs. 2 mos. 17 ds. OR min.?	The CAUSE OF DEATH * was as follows
8 OCCUPATION (a) Trade, profession, or particular kind of work  Tanker	
14(b) General nature of industry business, or establishment in a	(Duration) yrs. mos. ds.
which employed (or employer)	Contributory
BIRTHPLACE (State or country)	Secondary (Secondary de
10 NAME OF Granul & Dennism	(Signey) Jhy. M. 0
U BIRTHPLACE OF FATHER (State or country)  MA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
of Mother Sarah & Juskip	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. ds. State, yrs. mos. ds  Where was disease contracted,
(Informant)	it not at place of death?
(Address) Beer Stat Md	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Fled angust 1915 STR 1815	20 UNDERTAKER ADDRESS
N Fig (	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
I this ten has been book	

[Approved by U. S. Census and American Public Resitts
Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Architect, Never return Locomotive engineer, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility". ("Conunder the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puenperal septicharmia," ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," chapmeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Meastes, H. hooping on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee Struck by railwoy train-accident; Revolver to determine definitely. Examples: Accidental drowning; "Puerperal peritonitis," etc. eause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," "Exhaustion," carbolic acid-probably State cause for which nound



1 PLACE OF DEATH 13015	STATE OF MARYLAND
County allegary (3)	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Currel Read (No. 7	Curvicus (Mg. Ward)  [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Mable &	Ellman of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White (Write the word)	16 DATE OF DEATH MAG. (Day) , 1915 (Year)
6 DATE OF BIRTH  Sunt 22 1899	17 I HEREBY CERTIFY, That I attended deceased from  NOV., 1914, to ang 8, 1910,
(Month) (Day) (Year)	that I last saw h& alive on ang 8 , 1918,
7 AGE If LESS than	and that death occurred on the date stated above, at
16 yrs. 1 mos. 18 ds. or mla.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	
(b) General nature of industry business, or establishment in which employed (or employer)	Frankfischen (Duration) / yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF GEO. H. Ellman	(Signed) Frankerch W. Faihteren, My 0.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME (C. 12 MAIOEN NAME (C. 13 MAIOEN NAME (C. 14 MAIO	Olug / 1, 1915. (Address) Our helders Mills.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Weans of Injung; and (2) whether Accidental,
of MOTHER Matilda Miller	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  Par	OR RECENT RESIDENTS) At place In the of death yes des State, yes de.
(Informant) Leo. H. Elleran	Where was disease contracted,  if not at place of death?  Former or  usual residence
(Address) Fairren MZ	folmshing fa aug 12, 1915
Filed, 191 REGISTRAR	Tous Stowe City
If more blanks are needed, address State Registrar	716 W. Saratoga St., Baltol. Requesting V. S. No. 1.

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Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used state occupation at beginning of illness. write None business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Scrvant, Cook, employed, as At school or At home. Care should be or given up on account of the disease causing death, Housemaid, etc. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the precise specification as Day laborer, Farm laborer, Laborer especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return Locomotive engineer, If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles, Whooping The contributory (secondary or intercurby carbolic acid-probably "Dropsy," "Exhaustion," ("Con-



V. S. No. 1.

# WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ounty Clegary 6.  Village or City Long (No	of STATE OF MARYLAND  ity Limits. CERTIFICATE OF DEATH  Registration Dist. No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
FULL NAME SUCCESSION	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
Continuation of Birth Continuation of Continua	that I last saw h allve on aug, 26 1915.
7 AGE 2 mos, intention If LESS than 1 day,hrs.  yrs	and that death occurred on the data stated above, at
e occupation (a) Trade, profession, or particular kind of work	2 months abortion
(b) Seneral nature of Indostry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Quangland	Secondary (Durallop) yrs mes ds.
FATHER Wilson Vinerick	(Signed) W. W. Trodger . M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	Constate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
of MOTHER Darlie Bower	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSJETTS
13 BIRTHPLACE OF MOTHER (State or country)  Penna	or RECENT RESIDENTS)  At place lo the of death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or
(Informant) (Address) And,	USUAL residence
16 AUG 27 1915 - MAN AND AND AND AND AND AND AND AND AND A	Demation July 1912
Filed, 191 REGISTRAR	Welson Emerch fong Mid.

If more bianks fre needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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material worked on may form part of the second "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerpenal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For VIO-



V. S. No. 1.

N. B

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH 13017  County Cly  Village or City Cockland (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
marrieo, wiooweo, Wioneed (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	8-2 1915 to 8-3 1915.
(Month) (Day (Year)	that I last saw h. M. alive on 8 - 2 ,191 T
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, atm,
O yrs O mos / t day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. l. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF LW Fookman	(Signed) Long M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a amuni orient	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	Af place In the of death yrs ds. State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY-KNOWLEDGE  (Informant)	Where was disease contracted, If not at place of death?  Former or  usual Tesidence.
(Address) Coplant Ind	appart energy per Burial 1912
Filed 19t 01	20 UNDERTAKER ADDRESS / 9
PEGUSAISAN /	Talker Chlack MA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "lieart failure," "Titemorrhage," "Inanition," "Marasgenital," "Seuite," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debillty" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgleai operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RE TE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Village or City County George 4. G	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH  (Month Day) (Year) 7 AGE 18 LESS than	16 DATE OF DEATH  (Margh) (Day), 191  17 I HEREBY CERTIFY, That I attended deceased from 1918, to 1913, that I last saw h 24, alive on 1913, and that death occurred on the date stated above, at 1913, m.
8 OCCUPATION (a) Trade, protession, or particular kind of work.  Jarmer  Jarmer	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Question Jyrs. mos. os.
10 NAME OF FATHER Jacob Genger  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Bathering Rite	(Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Violent Carles, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  All place to death the state, where was disease contracted, if not at place of death?  Former or usual residence for the state of
(Address) Buchs Valley Pa	19 PLACE OF BURIAL OR REMOVAL  Bucks/alley Pa Aug. 15, 1915 20 UNDERTAKER  ADDRESS  ADDRESS  AUG. 20  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton -mill; (a) Salesman, (b) Grocery; (a) Foreman, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, "Foreman," "Manager," "Dealer," etc., especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronelopneumonia ("Pneumonia,") inqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Heamorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" ehopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning; "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver The nature of the injury, as fracture of skull carbolic acid-probably State cause for which "Exhaustion," nound



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meningitis"); Tuberculosis of lungs, meningunqualified, is indefinite); Tuberculosis of lungs, meningunqualified.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECCIVED 007 2 1915 BUREAU, V.S. ! PLACE OF DEATH

	PLACE OF DEATH	STATE OF MARYLAND
Cour	allegany.	CERTIFICATE OF DEATH
Coun		Registration Dist. No.
-	De De De	
Villag	e or city bunkerland (No. Voloma	a nospital or institution,
2 0 c	alleri I Gl	give its NAME Instead of street and number.
22.50	2 FULL NAME albert of Th	ema of street and wombert
· · · · · · · · · · · · · · · · · · ·	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE   5 SINGLE, MARRIED, Married	16 DATE OF DEATH aug 14 1915
an	ale Hile WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
		17 I HEREBY CERTIFY, That I attended deceased from
DA	TE OF BIRTH	, 191, to, 191,
1.	(Month) (Day) (Year)	that I last saw halive on, 191,
7 AG		and that death occurred on the date stated above, atm.
ali	1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
8 00	CUPATION . O	accidental Drowing
) (a	) Trade, profession, or Conductor	
d) (b	General nature of industry	
wh	iness, or establishment in R. R., ch employed (or employer)	(Duration) yrs. mos. ds.
9 BI	RTHPLACE (State or country)	Secondary
	off. To	Duration) yrs mos ds,
	10 NAME OF Sind Know	(Signed) Min. A. Shaw Carouly.
S	11 BIRTHPLACE	esig 14, 181 (Address) Climan, all
N N	OF FATHER (State or country) //	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PARENT	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At placs In the
	(State or country)	of death
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Interment) Charles Cunningham	Former or usual residence Cumuland and
	59 Rele St Eily	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) 59 Bill St Bily	Bekins St. va aug. 14, 1915
15	Quit mis Mas Willen	20 UNDERTAKER ADDRESS
Fil	REGISTRAR	Linis Stem Combod Ma
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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A P STATE OF

[Approved by U. S. Census and American Public Health
Association.]

wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Poreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. cian, Compositor, Architect, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia," on Nomenelature of the American Medical Association.) head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, "Puenperal peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "H:emorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor," for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of... (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puerperal septichaemia," "Senile," ete.), "Dropsy," carbolic acid-probably State cause for which Never report mere "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occileration is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

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Village or City Cumberland (No. , 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
<sup>2</sup> FULL NAME THE STATE OF THE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  Queg 14, 191  (Mogdh) (Day) (Year	that Mast saw h alive on Dug 14, 1915,
7 AGE If LESS the 1.day, hr. OR min.	S. The CAUSE OF DEATH & was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Cumburland me,	Secondary  A. (Ourstion) yrs. mos. ds.
OF FATHER Phellip foldswith  OF STATES OF FATHER (State or country)  12 MAIDEN NAME.	(Signed) , M. 0.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
of MOTHER Flara Hyman  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) For the Region of MY KNOWLEDGE (Informant)	At place In the of death
(Address) Curbuland MP  15 Filed Cuf 16, 1915 Max Justin REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  QUE 16, 1915  20 UNDERTAKER  Lily Foldsmith Cumfeelend
	ar 16 W Saraton St. Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. C yrs.). business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager, of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in " "Dealer," etc., without more Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

lapse, "Senile," etc.), "Dropsy, genital," "Senile," etc.), "Dropsy, "Inanition," "Marase," "Heart failure," "He emorrhage," "Traumia," "Weakness," "Uraumia," "Weakness," "Traumia," "Weakness," "Traumia," "Weakness," "Traumia," "Weakness," "Traumia," "Weakness," "Traumia," " ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of..... on statement of cause of death approved by Committee under the head of "Contributory." SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Anaemia" (increly symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopmeumonia (secondary), nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. birth or miscarriage rent) affection need not be stated unless important, (name origin; "Caneer" is less definite; avoid use of suicide. head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of Example: Meosles (disease causing death), 29 ds.; Bron-Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puerperal septicharmia, 10 ds. State cause for which Never (Recommendations "Atrophy," "Col-ACCIDENTAL, report mere



#### V. S. No. 1.

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supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCGUPATION is very RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. See instructions on back of certificate. item of information should be carefully E OF DEATH in plain terms, so that it Every item CAUSE OF I N. B.

Co	1 PLACE OF DEATH 13022  unty Chifary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vii	2FULL NAME Helen, Mayx.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Female White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH May	HEREBY CERTIFY, That I attended deceased from
TAG	(Month) (Day (Year)  If LESS than  1 day,hrs.  ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION ) Trade, profession, or rlicular kind of work General nature of industry,	Marasman
bus	iness, or establishment in the chempioyed (or employer)	(Duration) yrs. 2 mos. 2 5 ds.
981	(State or country) Maryland.	Contributory Secondary
S	10 NAME OF Joseph B. Jordich	(Signed) Constitution yrs mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Þ/d	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place  of death

18 LENGTH OF RESIDENCE (F		ITUTIONS, TRANSIENTS
of death yrs, mos.	in the	/rs ds
Where was disease contracted. If not at piace of death?		1100 W
Former or usual residence		*

ADDRESS.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



PHYSICIANS should state of OCCUPATION is very ....Ward) RECORD Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED ANGE WIGOWED ANGE OROIVORCEO (Write the word) BINDING be stated DATE OF BIRTH 16 properly classified. 4 (Month (Day (Year) 7 AGE It LESS than should FOR 1 day .....hrs. INK-THIS AGE 8 OCCUPATION (a) Trade, protession, or RESERVED particular kind of work carefully supplied. (b) General nature of industry. UNFADING business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 of WITH MARGIN pe PARENTS See instructions on back 11 BIRTHPLACE DEATH in plain terms, pinous OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER information 13 BIRTHPLACE OF MOTHER (State or count WRITE ō Every Item CAUSE OF Important. (Address) 15

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

It death occurred in a hospital or Institution. give its NAME instead ot street and number.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SOLOR OR RACE  Winte  S SINGLE,  MARRIED MARVIEL  WIOWED MARVIEL  OR OLOROGEO  (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  10 I HEREBY CERTIFY, That I attended deceased from
Ock 16, 1883 (Month) (Day (Year)	that I last any her alive on and west 18 1915
(Month) (Day (Year)  It LESS than 1 day,hrs, OR min.?	and that death occurred on the date stated above, at 945 g.m.  The CAUSE OF DEATH* was as follows:  Christie Cilcer
stry, st in er)	(Duration) Zyrs mos. 4s.
Maryland Waxler	Contributory Secondary  (Buration) yrs mos ds.  (Signad) Accel O. Dullock M. n.
intry) W. Va	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
naomi Green  Madow Ma  UE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place in the ot death yrs, mes. ds. State yrs, mes. ds  Where was disease contracted, if not at place of death?
Lenasoning	Former or usual residence
,1912 - Jo Bullock REGISTRAR	20 UNDERTAKER M. Sichham Smasoning
If more blanks are needed, address State Regis	strar, 6 E. Frankliu St., Balto., Requesting V. S. No. 1.

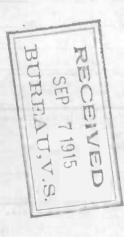
S. No. 1

[Approved by U. S. Census and American Public Health Association.]

'material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. dutles of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Styphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS State MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from thenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerreral poritonitis," etc. State cause for mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report valeular heart disease; Chronic interstitial nephritis, by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The eoutributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-



V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT IS UNFADING INK-THIS PLAINLY, WITH WRITE N. B.

Village or City of Name of Street of	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [It death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDO	16 DATE OF DEATH  (Month)  (Day (Year)  17  I hereby certify. That I attended deceased from March 1st, 1915, to Aug 25 12, 1915
(Month) (Day (Year)	that I last saw h Sr alive on County 25 11, 1913
7 AGE  1 LESS than 1 day,hrs.  9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date at sed above, at // @_m. The CAUSE OF DEATH* was as follows:  Carcurage of Livery,  (Buration) yrs, 6 mos, ds.
9 BIRTHPLACE (State or country) Suclary,	Contributory Secondary
10 NAME OF FATHER Edward Pouce  11 BIRTHPLACE OF FATHER (State or country) Megland  12 MAIDEN NAME OF MOTHER Many Pandau	(Signed) Jrs mos ds.  (Signed) Jrs mos ds.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)	At place of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Curviny Cury 217, 1915
Filed 7, 1912 WILLS FOR	M. welchom Luaconing

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Tuerperal peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerreral scptichac-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 71915 BURFAULVS.

PLACE OF DEATH 13025	STATE OF MARYLAND
County Megany	CERTIFICATE OF DEATH
Village or City Cultralacy (No. 214, 1) 2 FULL NAME and Estimate	Registration Dist. No.  No.  [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewele White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Widow	16 DATE OF DEATH  Alonth  Day  (Year)  17 I HEREBY CERTIFY, that Vattended deceased from
May 10, 1843 (Month) (Day) (Year)	that I last saw h alive on
TAGE  If LESS than 1 day, hrs. or	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or eountry)  Mary land	Contributory Secondary (Oyosilon)  (Oyosilon)  (Oyosilon)  (Oyosilon)  (Oyosilon)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  14	(Signed)  (Address)  (Address)  (State the Disease Causia Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placa In the of death
(Address) Emples les de Maria 15 Filed UG 25 1915 191 Maria de Maria 1918 1918 1918 1918 1918 1918 1918 191	19 PLACE OF BURIAL OR REMOVAL  AUG 25., 1915  20 UNDERTAKER  ADDRESS  BLATS
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"mill; (a) Salesman, (b) (irocery; (a) Foreman, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servent, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemoid, etc. If the occupation has been changed taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. ciun, Compositor, Architect, first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causation of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feeer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tubercubosis of lungs, menin-

state Means of injury and qualify as accidental, suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on statement of cause of death approved by Committee under the head of "Contributory," (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic ocid-probably Struck mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), ges, peritonacum, etc., Corcinoma, Sorcoma, etc., of on Nomenclature of the American Medical Association.) surgical operation was undertaken. For violent deaths "FUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valudar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of by rollway train-occident; Revolver The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Never report mere "Atrophy," "Colacound of



Z.B.

1 PLACE OF DEATH 13026	STATE OF MARYLAND
County all sany	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City aund Sxland (No. 63, 19)	Altimore Sign Ward) [If death occurred in
2 FULL NAME ALLS SALES	a hospital or lastitution, give its HAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Emals. 4 COLOR OR RACE 6 BINGLE, MARRIED, Man & d. WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Month)  (Day)  (Year)  17  1 HEREBY CERTLEY, That I attended deceased from
6 DATE OF BIRTH	deg 13th, 1911 to they 18, 1911
(Month) (Day) (Year)	that I last saw har alive on Mll g , 191
7 AGE If LESS fhan 1 day, hrs.	and that death occurred on the date stated above, at 3
29 yrs, mos. / 3 ds.   OR mln.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) Senaral patter of Indiana.	Juanua Trung
(b) General nature of todustry business, or establishment in which empleyed (or employer)	(Buration) O yrs. 3 mos V ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF JOSIPH Johnson	(Signed) (Signed) The Manager of the
Z OF FATHER (State or country)  12 MAIDEN NAME	State the DISEASE CAURING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUSTIONALON HOMICIDAL.
of MOTHER ALLS MANAGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ef deeth yrs. mes. ds. State, yre. mes. ds. Where was disease contrected, If not et place ef death?
(Informant) Joseph James Ensuell	Former or usual residence
(Address) Cursel spland	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied , 191 REGISTRAR	OS) HUL ADDRESS  ADDRESS  CAMPALS AND ADDRESS
If more blanks are needed, address State Registrar,	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question write None. business, that faet may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name.origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Cumberland (No.# Jers) 2 FULL NAME Levy Harrieu	Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hate 5 SINGLE, MARRIED, WIDOWEO OR DIVORCEO (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Month) (Day) (Year)	that I last saw him alive on and 12 101
3/ yrs. 3 mos. ds. or min.?	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Anach
10 NAME OF FATHER Jawf Heaven	(Signed)
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Jacob Hardin	if not at place of death?  Former or usuel residence
(Address) Comba Ma 15 Filed AUG 5 19151 May Letton REGISTRAR	Demmond Cemb Date of Burial  20 UNDERTAKER  ADORESS  LINE STEET COMMONDORS  ADORESS
If more blanks are needed, address State Registrar, 1	

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-Housemaid, etc. If the occupation has been changed the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Pedler," etc., without more of the second statement. mill; (a) Salesman, (b) terocery; (a) Foreman, mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. business or industry, and therefore an additional line first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return Locomotive But in many cases, engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJUJEY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUEHPERAL peritonitis," etc. State eause for which hirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness." "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," "Anucinia" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childnia" (merely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The nature of the injury, as fracture of skull, The contributory (secondary or intercuretc.), "Puerperal septichaemia," "Dropsy," "Exhaustion," important.



And the second	PLACE OF DEATH 13028	STATE OF MARYLAND CERTIFICATE OF DEATH
Coun	ity A Cliff of Vog	
Α,		Registration Dist. No.
Villa	ge or City Cuss Oller (No. 4/8	St.; Ward) [if death occurred in a hospital or institution,
K	tellorn fr 00	give ils NAME instead ef street and number, ]
	FULL NAME TO TIME	סו אווכבו מוש ווטוווטבו, ן
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	anoun. There or place of Single, MARRIED, Single widowed or Divorced (Write the word)	16 OATE OF DEATH CALL & & , 19175 (Month) (Day) (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
5,	and 22 1815	aug 22 ,1915, to aug 22 ,1915,
	(Month) (Day) (Year)	that I last saw h alive on 22, 1913,
7 AG	E If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
	yrs, mes. ds, OR min.?	The CAUSE OF DEATH * was as follows:
( a	CCUPATION ) Trade, profession, or ricular kind of work	21:11 12:11
(b)	) General nature of industry	
whi	shess, or establishment in ich employed (or employer)	
9 81	RTHPLACE (State or country) Comberland	Contributory Secondary  (Outsilen) yrs, mos, ds.
	10 NAME OF Walter a. Hollman.	(Signed) J. J. Barbloll M. O.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Barber Co W. Va	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PARENT	of MOTHER Mula Phillips	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) Barber Co Wila	At place to the of deethyremosds. State,yrsmosds. Where was disease contracted.
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	If not et place of death?
	(Informant)	Former or usual residence
	(Address) + 18 aster 5	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15	(NUMESS)	John Dela aug 23, 1015
File	AUG 23 191591 Max Juntur	29 UNDERTAKER TACHEN SOL ADDRESS
	REGISTRAR	faller a Hoffman Cumbeland.
	If more blanks are needed address State Registrar 1	6 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retirul state occupation at beginning of illness, or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be Housemaid, etc. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer." of the second statement. Never return "Laborer," mill; (a) Salesman, (b) ( rocery; (o) Foremon, only when needed. As examples: (a) Spinner, (b) Collon mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomolive engineer, etc., without more If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by railway train-accident; Revolver wound "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "Puerperal septicharmia," etc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "An emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or chopneumonia (seeondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephralis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, terminal conditions, such as "Asthenia," The contributory (secondary or intercur-"Dropsy," "Exhaustion," carbolicNever report mere acid-probably



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

	Village or City Campber Sand (No. act s) and	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in
	2 FULL NAME Elms Hoping	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
re.	male White the word)  4 COLOR OR RACE  MARRIED, WIDOWED  OR DIVORCED  (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Certifica	Month) (Day) (Year)	that I last saw him alive on aug. 20, 1915,
s on back of	TAGE  If LESS than 1 day, hrs. OR min.?  Capation  (a) Trade, protession, or particular kind of work  Particular kind of work  Particular kind of work  Particular kind of work	and that death occurred on the date stated above, at 49 m.  The CAUSE OF DEATH * was as follows:  Retro Cecil alexect
instruction	(b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
nportant. Set	10 NAME OF FATHER TO Shara Hopwood  11 BIRTHPLACE OF FATHER (State or objuntry)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (State the DIBRABN CAUSINO DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIPAL.
ALION IS Very In	OF MOTHER MANY CONSESSION OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) MAN ELMEN HOP WOOD	At place of desth yrs. mes. ds. State, They are former or usuel residence.
COCOL	(Address) Currie for for for for for filed  Filed  REGISTRAR  If more blanks are needed, address State Registrar I	19 PLACE OF BURIAL OR REMOVAL  LOSS THE SAME ADDRESS  John Walford Comberland

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia. Fronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness, genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic volvular heart disease; Chronic interstitial ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasins); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion,"



#### UPATION RECORD PERMANENT statemen classifled. 0 properly UNFADING INK may certifica 10 WITH back terms. UO plain Instructions DEATH See 0 Item OF mportant. CAUSE

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... It death occurred in .Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) (Write the word) (Dav (Year) HEREBY CERTIFY, That I attended deceased from alive on..... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or amployer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs. \_\_\_ mos. \_ Where was disease contracted. If not at place of death?.... Former or usual residence... PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REG/STRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, essary to know (a) the kind of work and also (b)first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably spicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nadertaken. mia," "PUERPERAL peritonitis," cause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affectiou need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ctc. State cause for For vio-



S. No. 1.

N. B.

Filed Cleg 20, 19 5 Di

RECORD PERMANENT UNFADING INK-THIS IS carefully supplied. WRITE PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in piain terms, s Important.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very that it may be DEATH in plain terms, so that it m See instructions on back of certificate,

13030 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-				
	de	nelly	St.:	Ward)
	1			

[it death occurred is a hospital or lostitution,

ADDRESS

	FULL NAME Salvelle	of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	4 COLOR OR RACE Saingle, MARRIED, WIDOWED. ORDIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	(Month) (Day (Year)	that I leat saw h slive on 1915.
TA	GE It LESS than 1 day, hrs. ds. OR min.?	snd that desth occurred on the date stated above, at
(a pa (b) bus whi	CCUPATION ) Trade, protession, or rticular kind of work.  Deneral nature of industry, siness, or establishment in ich employed (or employer)	(Duratieo) yrs. mos. 4ds.
NTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed)
PARE	13 BIRTHPLACE OF MOTHER  (State or country)	CADSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONA, TRANSIENTS, DR REGENT RESIDENTS)  Af place in the of death
	(Interment)  (Address)	Where was disease contracted; It not at place of death?  Former or  USUAL residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of ..... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head For VIO-



PLACE OF DEATH 13031 County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Benched (No. 137, 9)  2 FULL NAME  2 FULL NAME	Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal Boler d Single, MARRIED, WIDOWED OR DIVORCED (Write the word for glo	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Control (Day) 1915	that wast saw her after on and 29, 1915,
7 AGE (Month) (Day) (Year) 1 day, hrs.	and that death occurred on the date stated above, atm.
yrs, mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of iodustry business, or establishment in which empleyed (or employer)	(Ourailon) yrs. \$\int - mos. \tag{ds}
9 BIRTHPLACE (State or country) And	Contributory Secondary  (Byrellon) yrs. mos. de.
11 BIRTHPLACE OF FATHER (State or country)  12 MAILEN NAME OF MOTHER OF MOTHER  14 CANADAM  15 CANADAM  16 CANADAM  17 CANADAM  18 CANADAM  18 CANADAM  18 CANADAM  19 CANADAM  19 CANADAM  10 CANADAM  11 BIRTHPLACE OF FATHER (State or country)  12 MAILEN NAME OF MOTHER  14 CANADAM  15 CANADAM  16 CANADAM  17 CANADAM  18 CANADAM	(Signat)  (Signat)  (Address)  (Address)  (State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
12 MAIDEN NAME OF MOTHER Hattu Tonion 13 BIRTHPLACE OF MOTHER (State or country)	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place in the of death
(Informant) Harty On Johnson	tf_not at place of death?  Former or  usual residence
(Address) Brancheday d	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Alle quant Bernete Ary 30, 1815
Filed UG 3.0. 191391  REGISTRAR  If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (o) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, cion, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," For persons who have no occupation whatever, Never return "Laborer," If retired from Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated on Nomenelature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which mus," "Old Age," "Shoek," "Uracmia," "Weakness," lapse," "Coma," to determine definitely. Examples: Accidental drowning; birth or misearriage as "PUERPERAL septichuemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-(merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion,"



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#### PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred to a hospital or institution. give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 5 SINGLE, MARRIEDA WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended decessed from (Day (Year) TAGE If LESS than 1 day .....hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory Secondary (State or country) 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ..... yrs. .... mos. .... ds. (State or country) State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

(Year)

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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

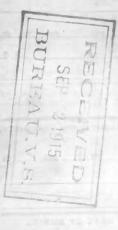
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (secondary or intercurrent)



No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important. 1

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

Ilf death occurred in a hospital or Institution. give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RAGE  5 SINGLE,  MARRIED,  WHOWES,  ENDIVORED  (Write the word)	16 DATE OF DEATH Question 27 191.5. (Year)
8 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw he alive on
7 AGE If LESS than	and that death occurred on the date stated above, at 3:3.0 A.m.
1 day,hrs. OR	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Went Slest old
(a) Trade, profession, or particular kind of work	which was also prof
(b) General nature of Industry,	La Programme Tunder
ousiness, or establishment in which employed (or employer)	(Ouration) yrs 1 mos 15ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF	(Duration) yrs mos ds.
FATHER	(Signed) Nr. C. E. Dovell, M. D.
V 11 BIRTHPHACE	angustry 1915. (Address) Oldtown 1410.
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF in deaths from VIOLENT
RE 12 MAIDEN NAME OF MOTHER 7	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Shreathartine	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	of death yrs ds. State yrs ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) John Thomas Kife	Former or
Opt mla-	usual residence
(Address) Oldwwn/Mg. G.F.S.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Treen Rolge 440 28, 1915
Filed We 30 1915 C. a. Skelley	20 UNDERTAKER ADDRESS
RESISTRAR	1. Kefer oldlown ma
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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stalionary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the msease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, perilonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPEBAL peritonilis," etc. childbirth or miscarriage as "Puerperal seplichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sentle," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As ample: Meastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, telanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "lnanitlon," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (disease causing death), 29 ds.; State cause for



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#### pinous PHYSICIANS statement PERMANENT classified. O properly INK supplied. UNFADING may that 9 0 back plain Instructions 2 a OF Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in ---Ward) a hospital or Institution. give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIEO. WIDOWED. Married ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated 1 day hrs. OR ..... ? .... mos ..... 1. 4. ...ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or stablishment in which employed (or employer) Contract X (Duration) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in doths from VIOLENT (AUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. Boul 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State \_\_\_\_\_ yrs, \_\_\_\_ mes. \_\_\_ \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted. If not at place of death?. Former or usual residence. REMOVAL (Address) 15 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fieation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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SICIANS tement of	Cour	PLACE OF DEATH 13035	STATE OF MA	
YSICIAN	Cour			list. No. 4
CTLY, PH	Village or City Casaland (No. 74 hada)		(spandencest; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXAC		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
clas	3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Jugary (Month)	(Day) (Year)
nould be st be properly certificate	6 DA	TE OF BIRTH  July (Month) (Day) (Year)	that I last saw h have above on	
AGE she it may be back of c	7 AG		and that death occurred on the date s The CAUSE OF DEATH * was as folio	
so that	Do pa	CCUPATION  1) Trade, profession, or ricular kind of work  1) General nature of industry	Sepon from Subn	raxillary abeur
fully su terms, structi	bu	siness, or establishment in hich employed (or employer)	(Guration)	yrs
8 4 0 0 C C	9 8	(State or country)	Contributory Secondary (Buraffee)	
og u	10 NAME OF FATHER		(Signed) Styll Tref	, M. O.
on should DEATH mportant	RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MALOEN NAME	*State the DISEASE CAUSING DEATH, O CAUSES, STATE (1) MEANS OF INJURY; and SUIGIDAL OF HOMICIDAL.	r, in deaths from VIOLENT (2) whether ACCIDENTAL,
Informatio	PA	OF MOTHER DON'T KNOW  13 BIRTHPLACE OF MOTHER (State or country) DON'T KNOWLEDGE  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1B LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the af death	
state C		(Informant) William Krima	If not at place of death?	•••••••••••••••••••••••••••••••••••••••
Every item of should state COCCUPATION	15	(Address) Cambray for and Allo	19 PLACE OF BURIAL OR REMOVAL	AMS 16, 1913'
N. W.	Fil	ed : AUG 16 1918 Max LA REGISTRAR	Johns (Wolford)	address umberland
		If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No.	1,

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Cealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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# N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 13076	STATE OF MARYLAND
all and ox	CERTIFICATE OF DEATH
Gounty S	Registration Dist, No.
Village or City Graham To (No. 1)	St.: Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Chuy 14, 1915. (Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Sic 26 1932	and 0, 1915, to ling 4, 1913,
(Month) (Day (Year)	that I last saw h alive on Chy 10 ,191 0
7 AGE It LESS than 1 dayhrs.	and that desth occurred on the date stated above, at
yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
. BOCCUPATION (a) Trade, profession, or	
particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) Sout Known ds.
9 BIRTHPLACE (State or country)	Contributory   Secondary   (Duration)   yrs   mes   ds.
10 NAME OF G. W. Lauman	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of MOTHER Reference Entiels	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Internant) Clin Laymon	Former or usual residence
(Address) 11 April 15	alleghans Cometary aug 17, 181 5
Filedling 6, 195 D. L. Conrus	20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers nuine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect. Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons write None. As examples: "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

vulvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenpeeal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness." thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio cause. ctc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report

If this eertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Item

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred is Village or City -Ward) a hospital or lostitution. give Its NAME Instead of street and nomber.] \*FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED. WIDOWED. ORDIVORCEO (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date atated above, 1 day.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary (Boration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) OF FATHER (State or country) AREN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place In the OF MOTHER (State or country \_\_ mos. \_\_\_\_ ds. yrs. ..... State \_\_\_\_\_ yrs, \_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE KNOWLEDGE If not at place of death? Former or (loformant) usuai residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 20/UNDERTAKER ADDRESS REGIS If more blanks are needed, address State Registrar, 6 E. Frank St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cated thus: CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, Irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, c. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of State cause for "Exhaustion,"



13037	
1 PLACE OF DEATH	STATE OF MARYLAND
County Allegacy	CERTIFICATE OF DEATH
	// Registration Dist. No.
Less ferland in Met	Ward) [If death occurred in
Village or City (No. // (No. // )	a hospitat or institution, give its NAME instead
<sup>2</sup> FULL NAME Shellbalm.	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX - 4 COLOR OF RACE 5 SINGLE,	16 DATE OF DEATH WELL 24 1910
WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(1)11 2× 1910	, 191, to, 191,
(Month) (Day) (Year)	that I last saw halive on, 191,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 7 m.
yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, et	Swinner and State of the State
particular kind of work	
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Ouretien) yrs. mos. ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
	(Buratisa) yrs mes ds.
10 NAME OF FATHER	(Signed) the sumple , M. O.
11 BIRTHPLACE	any of 1815 (Address) Cumberland Mil
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MOTHER  13 MOTHER  14 MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In ths of death or was ds. State,yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(loformant) Sa Janua / Kittlefred	If not at piecs of death?
Al a charle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / emperant ny	Coromation Chips Gons
AllG28 1016 Mex Villa	20 UNDERTAKER ADDRESS
Filed 1976 191 REGISTRAR	Hospital Cuberland
If more blanks are needed, address State Registrar,	16 W. Saratoge St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and ehildren, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy Inborer, Farm loborer, Laborer mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Auto-Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, "Foreman," "Manager," "Tealer," etc., without more of the second statement. only when needed. As examples: business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, ctc. But in many cases, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," (a) Spinner, (b) Cotton If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by state means of injury and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichiomia, "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness:" "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, cough; Chronic valvular heart diseose; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .... "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," ctc.), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use by railway train-accident; Revolver The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," carbolic acid-probably State cause for which Never report mere "Exhaustion. ACCIDENTAL, mound!



LACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. PHYSICIANS Ilt death occurred is .Ward) a hospitat or institution. RECORD give its NAME Instead of street and number. I statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, 1915 BINDING WIDOWED, (Month) ORDIVORCEO (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 17 ciassified. (Month) (Day (Year) TAGE if LESS than should and that death occurred on the date states above. 1 day hrs. The CAUSE OF DEATH \* was as follows: min. ? properly AGE BOCCUPATION (a) Trade, profession, or ESERVED particular kind of work. supplied. pe (b) General nature of industry, business, or establishment in may (Doration) which employed (or employer) certificate. 9 BIRTHPLACE Contributory Secondary (State or country that œ 10 NAME OF FATHER (Signed) 80 0 MARGIN back PARENTS 11 BIRTHPLACE terms, should OF FATHER (State or country \*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 6 12 MAIDEN NAM plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) DEATH IN 13 BIRTHPLACE At place tn the OF MOTHER (State or country .... yrs. ... mos. State . 14 THE ABOVE Where was disease contracted. See if not at place of death? 0 Former or Every Item CAUSE OF Important. usual residence. PALACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER lul ADDRESS oż REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The question The

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mus," Old Age," "Shock," "Uraemia," "Weakness," etc., when a defiuite disease can be ascertained as the ture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetainus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

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SEP 7 1915 BUREAUVED

No. 1. œ

N.B.

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS A \* DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. carefully supplied. AGE should be Every item of information ahould be CAUSE OF DEATH in plain terms, s important. See instructions on back o

13039. PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

C	ounty alleghenry	(6)	red No.
V	illage or Gity Midlaced (No	St;War	Ilf death occurred in
	2 FULL NAME		
10	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
351	ukuny whit Single, Suegle wisoweo, orbivorgeo (Write the word)	16 DATE OF DEATH  (Month)  17 I HEREBY CERTIFY, That	(Day) (Year)
6 D	ATE OF BIRTH  Ougust 27 1 9/5 7  (Month) (Day) (Year)	that I last saw hat allvage	2, 27 ct 1915
7 A	ge yrs. / mos. / ds. or min.?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	d above, at 3 the P. m
(a pa	CCUPATION ) Trade, profession, or riicular kind of work	Miscur	negl
bus	iness, or establishment in ich employed (or employer)	(Duration)	yrsds.
-	IRTHPLACE tate or country) warmand	Contributory	yrs. mos. ds
	10 NAME OF Thos. Mc graw	(Signed) M. J. My E.	unt , N. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Way Caes	State the Disease Causing Death, or Causes, state (1) Means of Injury; as	In deaths from VIOLENT
PAR	13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDÉN NAME OF MOTHER (State or country)		s, Institutions, Transients
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) M. J. McWrund ruid	Former or usual residence	1
16	(Address) midland. Well,	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, 191
Fil	of ang 31, 1915 File Chicalo	20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulessary to know For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, But in many For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Publicant septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," ... (name origin; "Can-Never report



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Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Grocery; (o) Foreman, is provided for the latter statement; it should be used know (0) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, various pursuits can be known. The question mipositor, Architect, Locomotive engineer, Civil Stationary fremun, etc. But in many cases, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated Struck by railway troin-occident; Revolver wound of surgical operation was undertaken. For violent DEATHS suicide. The nature of the injury, as fracture of skull, to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, head-homicide; Poisoned birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia." "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), chopneumonia Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of. Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercurby carbolic acid-probably "Dropsy." Never report mere (Recommendations "Exhanstion,"



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RECORD PERMANENT should be stated EXACTLY. IS UNFADING INK-THIS AGE WRITE PLAINLY, WITH of information should

PHYSICIANS should state properly classifled. Exact statement of OCCUPATION is very carefully supplied. DEATH in plain terms, so See instructions on back of CAUSE OF Important. S

certificate.

3041 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

(No.....

[If death occurred la a hospital or Institution, give its NAME Instead ot street and number.]

St.;....Ward)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HERERY CERTIFY, That I attended deceased from impular 1 winds  (Month)  (Day (Year)  (Year)  18 DATE OF DEATH
7 AGE (Month) (Day (Year)  1 LESS than 1 day, hrs. 0 cm. min.?	and that death occurred on the date stated above, at 6 a m.  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work decruses the House work	two years, land clement
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) County Down Freland	Contributory Secondary  (Duration)yrsmosds.
of It appropriate and and the son	(Signed) A Bonder, M. D.  29, 1915 (Address) Barlon, Ind
OF FATHER (State or country County Born Modar)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Isla of Wight	At place in the of death yrs mos ds. State yrs mos ds
(Informant) andrew Me Manue	Where was disease contracted, If not at place of death?  Former or  usual residence
(Address 66 Breadury Fronthughle	Land Hill Centery Quy 30 , 1915
Filed Aug 29, 1915 L. W. Bricher REGISTRAR	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unquaiified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic childbirth or misearriage as "Puerperal septichacoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL perilonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viogeuital," by carbolic acid-probably suicide. The nature of the is iess definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"

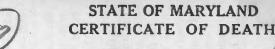


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#### Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT B. I

PLACE OF DEATH 13/142
County Ollegary



rbeiland (No. W. M. Horfitel St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead

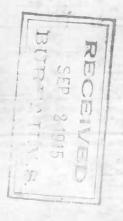
FULL NAME Stillbarn	Triller of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX SEX SUMMARRIED, Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, (Write the word)  B DATE OF BIRTH  Cuguet 27 Sonoth (Day (Year))  TAGE 2 surs, intrantering If LESS than	16 DATE OF DEATH Quest, 27, 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That attended deceased from 1915 to 1915.  that I last saw fine on 1915 and that death occurred on the data stated above, at 8 2 m,
a OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	The CAUSE OF DEATH* was as follows:  Borlion of 2 amouths  Internetion
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF GROUSE Miller  11 BIRTHPLACE	(Signed) W. R. Hodges, M. D. Queg. 27 1955 (Address) Cumberland Med
OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER Christing Mature	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Penna	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted,
(Informant) husting Gutyy Miller	Former or usual residence. Gascett, Recurso,
(Address) Cauch Found  15 AUG 30 1916 Filed 191 Plan Luttu  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  OLIMATION CLUB 30, 1915  20 UNDERTAKER  ADDRESS  LUMBER COMMENTAL OR REMOVAL  ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as statement. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of ago. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septiehacete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) eause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For vio-



-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N.B.

	PLACE OF DEATH 1304	3	STATE OF M CERTIFICATE	
County				Dist. No.
Village	or City Cumbalgual (N	0.29, le	miller (	[If death occurred in a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATI	F OF DEATH
3 SEX	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVOR. (Write the w	Single	16 DATE OF DEATH	27 .1915
6 DATE	OF BIRTH	7 ,19/5 Day) (Year)	that I last saw hat alive on	1915,
7 AGE	yrs mos.	If LESS than 1 day, hrs. OR min.?	and that death occurred on the date The CAUSE OF DEATH * was as fol	
partic (b) (b) (b)	UPATION Irade, profession, or rular kind of work General natore of lodustry ess., or establishment in employed (or employer)	<u> </u>	(Ourstion	s)
9 BIR	THPLACE itate or country) Massel	and	Contributory Secondary	
(0)	O NAME OF TATHER UNKNO	wn	(Sigged)	lus
N N	State or country)		*State the DISEASE CAUSINO DEATH, CRUSES, state (1) MEANS OF INJURY; at SUICIDAL OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether Accidental,
PA	OF MOTHER Mis Saph	ia Mille	18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS)	
1 12	OF MOTHER (State or country)  ABOVE IS TRUE TO THE BEST OF MY KN	eland.	Nt praso	ths. State,yrsmosda.
(tr	nformant) Su J D Olus	A The state of the	Former or usual realdence	
	(Address) Leumler Lag	ed ms	19 PLACE OF BURIAL OR REMOVAL	auf 30 1915
16 Flied	AUG 30 1915 May lu	REGISTRAR	20 UNDERTAKER Mochen Lophia Melle	ADDRESS Cumbeland

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, engaged in domestic service for wages, as Servant, Cook "Foreman," "Manager," "Lealer," etc., mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. business or industry, and therefore an additional line For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronie interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Huemorrhage," "Inanition," "Maras-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," State cause for which Never report mere "Exhaustion,"



back of

Instructions

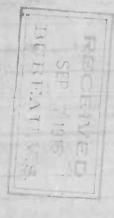
Important.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: (6)

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cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purremeal scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) Accidental drowning; Struck by railway train—accioma. Sarcoma. etc., of ... The contributory (secondary or intercurrent is less definite; avoid use of "Tumor" for mails "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can



HYSICIANS statement of	County Cleg Kerry 13045.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
LY. P	Village or City Cleuberland, No. Allegs 2 FULL NAME Mrs Bridges	Murray  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
RECORD EXACT Siffed.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
77 07	Jonale With Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH (Youth) (Day) , 1915 (Year)
ERMA Lid be proper	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from Cury 10, 1913, to Cury 1, 1913,
IS A GE Sh may b	7 AGE (Month) (Day) (Year) 1 If LESS than 1 day, hrs. 1 OR min.?	and that death occurred on the date stated above, at // m. The CAUSE OF DEATH * was as follows:
NK-THI supplied.	B OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in	Perferall Fastis Delear
NESERN UNFADING e carefully su plain terms, See instructi	which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF M' V	Contributory Secondary  Ourstion yrs mos ds.  Duration yrs mos ds.
WITH WITH ATH in rtant.	11 BIRTHPLACE OF FATHER (State or country) Pressured,	(Signad) , M. 0.  All 12 191 5. (Address) All 12 191 5
PLA Prmat SE O very	12 MAIDEN NAME Mary Mooney  13 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
A U S	(Informat) Michael P. Murray	of daath yrs mos. 2 ds. Stata, fyrs mos. de. Whare was disease contracted, if not at place of death?
WF-Every item of should state COCCUPATION	(Address) 737 M. Center St. County	19 PLACE OF BUBIAL OR REMOVAL TO DATE OF BURIAL  Office of the first o
N. S. No	Filed LLI 12 , 191 5 MAK SIMM REGISTRAR	20 UNDERTAKER Suret Frontling
	If more blanks are needed, address State Registrar, 1	6 W. Sarathya St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

& yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more For many occupations a single word or term on the write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (o) Spinner, (b) Cotton the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. eian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--("oal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in At home. Care should be Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid faver (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee and consequences (e. g., sepsis, tetonus) may be stated heod-homicide; Poisoned by Struck by railway train—accident; Revolver wound SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Aecidental drowning; state MEANS OF INJURY and qualify as ACCINENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as-the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. eough; Chronic vulvular heart disease; Chronic interstitial "Heart failure," "Hemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. nephratis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-The nature of the injury, as fracture of skull, "Senile," The contributory (secondary or intereurete.), "Dropsy," earbolic acid-probably State eause for which Never "Exhaustion," report mere



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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1 PLACE OF DEATH 13046 County Celley	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Dunkerl No. 316, ( Stielbarn Maile	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
asex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH  Aug 2/  (Month) (Day) (Year)	Crif 2/ 1915 to July 2/ 1915, that I last saw h ? alive on July 2/ 1915,
7 AGE   If LESS that   1 day, hrs   wrs, mos, ds.   OR   min.?	and that death occurred on the date stated above, at #O.m.
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Duratton) yrs. mos. ds.
9 BIRTHPLACE (State or country) workerland Med	Contributory Secondary  (Ouration)
11 BIRTHPLACE OF FATHER  (State or country) Marking Louis Me  12 MAIDEN NAME OF VOTHER HALL STATE  A STATE OF COUNTRY MARKET OF VOTHER HALL STATE OF VOTHER	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF NOTHER HIS STORES	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (informani)	At place in the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death?  Former or usual residence
(Address) Cumbell & My 15 AUG 23 1919 AUG	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LUY 23, 191.5  20 UNDERTAKER PARTY ADDRESS
If more blanks are peeded address State Resistra	16 W Seretage St. Relto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. C yrs.). For persons who have no occupation whatever, engaged in domestic service for wages, as Servant, Cook. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Solesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or various pursuits can be known. The question Women at home, who are engaged in If retired from term on the

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "H. emorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Tropsy," "Exhaustion," "An emia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Meast's, Whooping cough; Chronic valvulur heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childrailwoy train-accident; Revolver The contributory (secondary or intercur-"Puenperal septichaemia," (Recommendations Never report mere wound of



I PLACE OF DEATH

PLACE OF DEATH 13114	STATE OF MARYLAND
County Ld Legany ( )	CERTIFICATE OF DEATH
County Land	Registration Dist. No.
Village or City destilo expanse (No. 9)	Tacebongerst.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAMED MEYSON SICI	20 L. G. Street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tale Color of Race Single, MARRIED, MIDOWED OF DIVORCED (Write the word)	16 DATE OF DEATH Aug 13 ,1915 (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from 1915, to cut 3, 1915,
(Month) (Day) (Year)	that I last saw h Mi alive on Muy 3, 1915,
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm.
yrs, mos. 28 ds. OR min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	Iles Colitis
(b) General nature of industry	
business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or eountry)	Secondary Secondary
10 NAME OF TATHER ON ME TO THE TATHER	(Signed) (Sugned) (Signed) (Si
Signature of Father (State or country)	State the Disease Causing Death, or, in deaths from VioLent
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSING JURIANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not all place of death?
(informant floward D. Watson	Former or usual residence described the state of the stat
(Address # 5 Matter Corgor St	19 PLACE OF BURTAL OR REMOVAL DATE OF BURIAL  ROLL HILL CHARLES TO 1915
Filed Filed AUG 14 1915 Map Lucton	20 UNDERTAKER Butter City
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Reggestick V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servent, Cook, employed, as Al school or At home. Care should be Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Groccity; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in the second statement. Never return Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive If retired from engineer, "I.ahorer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tubereulosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from child-"Heart failure," "H.cmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," etc., when a definite disease can be ascertained as the genital," "An temia" (merely symptomatic), "Atrophy," symptoms or terminal conditions, such as "Asthenia, ehopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Meastes, Whooping cough; Chronic valvalar heart disease; Chronic interstitial Example: Meosles (disease causing death), 29 ds.; Bronges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Caneer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Coma," "Senile," "Convulsions," etc.), by carbolic acid-probably "Dropsy," "Debility" Never report mere "Exhaustion," ("Con-



BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH 13048	STATE OF MARYLAND
County allegand	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City liss sheet (No. 55,	St.; Ward)  [If death occurred in a hospital or institution, give its RAME instead
2 FULL NAME / SAM SAM	Tally 11104 of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mach 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIV	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h walive on Gray 39, 1915,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 1230m.
yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work  A HONDE	
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Burstion) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Bufalian) VIS. (mes de
10 NAME OF JAMES & Jahrenson	(8lgned)
UN 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, state (1) MENNS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
OF MOTHER WAS EAST OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	at place In the of deethyrsmeeds, State,yrsmosde.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of deeth?
(Informant) DINUS Salls NOW	Former or usual residence
(Address) Person by Son	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied LG 3 1 1915 191 Max Max Tun	20 UNDERTAKER ADDRESS
If more blanks are peeded, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Crocery; (a) Foreman, write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death. employed, as At school or At home. Care should be precise specification as Day laborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING NEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, hcad-homicide; Poisoned by corbolic acid-probably Struck to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal scptichaemio, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopncumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart diseasc; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. by railwoy The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never "Atrophy," "Col-"Exhaustion," report mere ("Con-



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Oldtawn (No. 22)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OB RAGE  MARRIED, WIDOWED, ORDIVORCED (Wrife the word)	(Month) (Day (Year)  17) I HEREBY GERTIFY, That I attended deceased from
Stander. 18th, 800	July 13 th, 1915 to angust 18 1915
(Month) (Day (Year)  7 AGE It LESS than f day,hrs.  9 OCCUPATION (a) Trade, profession, or particular kind of work Black Spaniers.	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Dances of Lives &
10 NAME OF FATHER WASSINGUM  11 BIRTHPLACE OF FATHER (State or country) Unstrown  12 MAIDEN NAME OF MOTHER PARKSTRAWN	(Signed) (Boration): yrs mos ds.  (Signed) (Address) (Address) (M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER MINIMUM  13 BIRTHPLACE OF MOTHER (State or country)  Unthrown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos, ds
(Informant)  (Address)  (Address)	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER CLEUCAUT  ADDRESS  Stran 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be cutered as mine, etc. fication as Day taborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mitt; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Satesman, (b)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid dise of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercucisis of tungs, meninges, peritongeum, etc., Carcin-

mus," "Old Age," "Shoek," "Uraemia," "Weakness," themia," "Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. Exvalvutar heart disease; Chronie interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can "Heart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., scpsis, totanus) may be stated under the head of Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS which surgical operation was undertaken. For viomia," "PULERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from "Semile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report probably



If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

7. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Forenian," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer, mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible mus," "Old Age," "Shock," "Uraemia," "Weakness, ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent dearns "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichumia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee cause. Always qualify all diseases resulting from child-"Heart failure, "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. by railway train-accident; Revolver ," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," nound.



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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Iff death occurred lo .....Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. (Month (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH dead that I last saw h Asse alive on (Monti (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? ......ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) yrs. .... mos. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. If not at place of death?. Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent)



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. lit death occurred in Village or City -Ward) a hospital or lostitution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) 17 attended deceased from 8 DATE OF BIRTH (Month) (Day (Year) TAGE it LESS than and that death occurred on the date stated above, at 1 day .....hrs. DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Doration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ \_\_ mos. . State \_ . YES. \_ .... mos. ... Where was disease contracted. 14 THE ABOVE IS TRUE TO if not at place of death?. Former or usual residenco 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are pecded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," 'Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eonditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) childbirth or misearriage as "Puerperal septichaecte, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Colianse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) eause of death approved by Committee on Nomeneia-"Contributory." injury, as fracture of skuli, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report For Vio-



PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No..... If death occurred in Ward) EXACTLY. P a hospital or institution. give its NAME instead of street and number. RECORD classified, PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, PERMANENT WIDOWED BINDING OR DIVORCED (Write the word) (Day) properly certificate DATE OF BIRTH should pe (Day) Year) It LESS than of 7 AGE may and that death occurred on the date stated above, at 20 ы 1 day, hrs. back G The CAUSE OF DEATH \* was as follows: OR min.? THIS d that 00 OCCUPATION supplied (a) Trade, profession, or 0 ons particular kind of work IN X Ш So (b) General nature of industry 'n instrucți business, or establishment in UNFADING (Duration) term carefully which employed (or employer) Ш 9 BIRTHPLACE (State or country) pigin Ш See 1 10 NAME OF be WITH C ARGIN pino important EATH S 11 BIRTHPLACE (Address) ARENT OF FATHER State the DISPASE CAUSING FRATH, or, in deaths from VIOLENT USES, state (1) MEANS OF INDERY; and (2) whether ACCIDENTAL, PLAINLY, (State or country) C 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL E OF E OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place In the S of infor OF MOTHER U of death State. (State or country) Every item of in should state CAI OCCUPATION i CA Where was disease contracted. If not at place of death? Farmer or usual residence DATE OF BURIAL 20 ADDRESS 20 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated sunless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." and eonsequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), on Nomenclature of the American Medical Association.) or misearriage as "Puerperal seplichaemia," The nature of the injury, as fracture of skull "Dropsy," State cause for which (Recommendations "Exhaustion," report mere



REGISTRAR

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PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

fif death occurred in a hospital or Institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at. Contributory Illumin (Curation) (Address) They Tien \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place Faul Fun .. yrs. ..... mos. .... ds. State ..... yrs. Where was disease contracted. If not at place of death? Former or usuai residence

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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2 FULL NAME William M	of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
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7 AGE (Mo/th) (Day) (Year) 1 day, hrs	and that death occurred on the date stated above, at 12
68 yrs mos 23 ds. OR min.?	The Called of Death & was as sall and
(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in	Silalia "
which employed (or employer)	(Duration) yrs. mos.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Palakra Room	(Signed) (Duration) yrs. mos.
11 BIRTHPLACE OF FATHER (State or country)  Melcus	State the DISEASE CAUSING DRATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL.
of Mother Mary Hing	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	Al placa In the of death
(Informant) Me Registrate of My Knowledge	it not all place of death ?
(Address) allegones no	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewrite None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife; Housework, or Al Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in Never return Locomotive engineer, If retired from (b) Auto-

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PLACE OF DEATH  County Allegany  Village or City Cumberland  2 FULL NAME Chri	(No. 43)	STATE OF MACERTIFICATE (CERTIFICATE (CERTIFI	OF DEATH
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Jewale W lite ORD	WED, Married WED WED the word)	I HEREBY CERTIFY, That I a	(Day) (Year)  ttended deceased from
7 AGE  (Month)  7 AGE  8 OCCUPATION	(Day) (Year)  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date s	stated above, at mows:
(a) Trade, profession, or particular kind of work  (b) General, nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	we.	Contributory Parallel (Duration) Secondary  Nathritis (Duration)	yrs mos y ds
10 NAME OF FATHER Charles  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	Luary	(Signed), 191.5. (Address), State the DISEASE CAUSING DEATH, of CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	or, in deaths from VioLent (2) whether Accidental,
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF M	Kany KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place tn th of deeth	
(Address) 43 25 Filed AUG 9 1915	A St.  REGISTRAR	usual residence  19 PLACE OF BURIAL OR REMOVAL  SELECTION OF BURIAL OR REMOVAL  20 UNDERTAKER	DATE OF BURIAL
If more blanks are neede	d. address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) ( rocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, precise specification as Day laborar, Farm laborar, Laborar mobile factory. especially in industrial employments, it is necessary to who receive a definite salary), may be entered as Housefirst line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfule duties of the household only (not paid Housekrepers Statement of Occupation-Precise statement of occupa-Coal mine, etc. Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," If retired from (b) Auto-("1111)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned by corbolic acid-probably to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if inpossible surgical operation was undertaken. For violent deaths "PUENPERAL peritonitis," etc. State eause for which birth or miscarriage as "Puenperal septichumia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "H emorrhage," "Inanition," "Marasgenital," lapse," "Coma," "Anaemia" symptoms or chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," (mercly symptomatie), terminal conditions, such as "Asthenia," The contributory (secondary or intercur-"Convulsions," ete.), "Dropsy," "Exhaustion," "Debility" "Atrophy," unportant to punon



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1 PLACE OF DEATH

2

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number. ] I HEREBY CERTIFY. That I attended deceased from aug In the Stale, DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the disease causing death, employed, as the school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupais very important, so that the relative healthfuletc. If the occupation has been changed But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," to determine definitely. "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . "Heart failure," "Haemorrhage," "Inanition," "Maras-(name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childby railwoy train-accident; Revolver wound of (secondary), 10 ds. The contributory (secondary or intercuras "Puerperal septicharmia," Examples: Accidental drowning; Never report mere "Exhaustion," Whooping



BINDING

FOR

RESERVED

1 PLACE OF DEATH

1 PLACE OF DEATH 10000	STATE OF MARYLAND
County allegary	CERTIFICATE OF DEATH
Village or City Cumbérland (No. W. M. S.	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIGOWED WIGOWED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1912, to 23, 1915,
(Month) (Day) (Year)	that I last saw h Lalive on Q 23, 1910,
7 AGE if LESS than 1 day, hrs.	and that death occurred on the date stated above, at
69 yrs. 0 mos. 19 ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry business, or establishment in which amplicate (it is made as a second content of the second co	Mangrene of fresh operations  (Buration) yrs. mos. 7 ds.
9 BIRTHPLACE (State or country)	Contributory Leantes Secondary (Oursion) 2 yrs mos ds.
10 NAME OF FATHER Caused Wharl  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER OF MOTHER FILE  14 MAIOEN NAME OF MOTHER FILE  15 MAIOEN NAME OF MOTHER FILE  16 MAIOEN NAME OF MOTHER FILE  17 MAIOEN NAME OF MOTHER FILE  18 MAIOEN NAME OF MOTHER FILE  19 MAIOEN NAME OF MOTHER FILE  10 NAME OF FATHER CAUSE WAS ARRESTED AND ARRESTED ARRESTED AND ARRESTED AND ARRESTED AND ARRESTED AND ARRESTED AND ARRESTED ARRESTED AND ARRESTED ARRE	(Signed) A Duce M. O.  Any 24, 191.7 (Address) Chembriland Line
12 MAIOEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. where was disease contrected, if not at place of death?
(informant) David Scott	sual residence 17 Wine At Cumpuland ha
(Address) 17 Marie At	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed AUG 2 6 1915 May litter	20 UNDERTAKER ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated Struck by railway troin-occident; Revolver state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, heod-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic unterstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning, etc. "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion," ACCIDENTAL, important. wound of



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V. S. No. 1.

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1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH County alls Registration Dist. No. If death occurred in EXACTLY P St.: .....Ward) a hospital or institution. give its NAME Instead of street and number. ] RECORD <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH class 5 SINGLE. 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH stated MARRIED. PERMANENT WIDDWED OR DIVORCED (Dav) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH pino (Year) þe cel (Day) of 7 AGE If LESS than may ck of and that death occurred on the date stated above, at-Llum. ш 1 day, hrs. O The CAUSE OF DEATH \* was as follows: OR min. ? Ait that 8 DCCUPATION
(a) Trade, profession, or 0 supplied structions particular kind of work... DS (b) General nature of lodustry terms, business, or establishment in carefuily which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) 2 ë (Burailon) مَن 10 NAME OF FATHER pino Important ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIOAL OF HOMICIOAL. E 0 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 Ew OR RECENT RESIDENTS) 13 BIRTHPLACE infori S At place In Ihe (State or country) 2 S of death ......yrs. .....mes. .. State, .....yrs. .....mos. Every Item of in should state CA OCCUPATION Where was disease contracted, 14 THE ABOVE IS If not at piece of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 191..... 20 UNDERTAKER ADDRESS 8 REGISTRAR ż If more blanks are needed, address State Registrar, 15 W. Saratoga St., Balto., Requesting V. S. No. 1.

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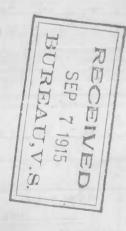
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Statement of cause of death—Name, first, the disease causino death—Name, first, the death causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

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	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on hark of cartificate
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:...Ward) a hospital or institution. give Its NAME Instead of street and number. ? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, L. (Year) (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ ds Where was disease contracted. If not at place of death?... Former or (Informant). usual residence. DATE OF BURIAL (Address) 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

DDRESS

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cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Causepsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. ctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the Americau Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

Village or City Consaming (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [If dealh occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED RUPE OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month (Day) (Year)  17 I HEREBY CERTIFY, That attended deceased from
7 AGE   Month   Organ   Organ	that I last saw h alive on aug 1915, and that death occurred on the date stated above, at 75 m.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Filmory  Mag	Contributory Seeondary  Contributory
10 NAME OF FATHER Charles W Tiplor  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIOEN NAME  OF MOTHER Chies Barnhark  13 BIRTHPLACE	(Signed)  (Signe
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) My has the Lighter	At place of daath yrs. moa. ds. Stata, yrs. mos. ds.  Whera was diseasa contracted, if not all place of daath?  Former or usual residence
Filed Queg 12, 1915 AAPPauli	Old Correy Cemetery ang 12, 1915.  20 UNDERTAKER  PORCH Tiblin unde Gelmon and

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Association.]

mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Parm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, prespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed At home. Care should be Never return Locomolie engineer, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee head-homicide; Poisoned by curbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal perilonitis," etc. mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound of to determine definitely. Examples: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neatus etc, when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . or misearriage as "Puenperal septicharmia," Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (secondary), 10 ds. The contributory (secondary or intercur-State cause for which Accidental drowning; Never report mere



1 PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH County Registration Dist. No ... fif death occurred in Ward) Village or City. a hospital or institution. Exact give its NAME instead of street and number. ] 2 FULL NAME RECORD classified EXA PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF GEATH 4 COLOR OR RACE MARRIED. WICOWEO OR DIVORCED (Write the word) properly That I attended deceased from pe DATE OF BIRTH pino pe cel (Month (Day (Year) It LESS than of 7 AGE and that death occurred on the date stated above, at ...... may GE 1 day, hrs. ck The CAUSE OF DEATH \* was as follows: OR min. ? ds. mos..... 00 B OCCUPATION tha ed (a) Trade, profession, or indans particular kind of work Instructions 90 (b) General nature of lodustry terms. business, or establishment in (Ourellon) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 2 mportant. S 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. ыĬ SUICIDAL OF HOMICIDAL 0 Œ 12 MAIDEN NAME A OF MOTHER of Informatic 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place State or country State. of desth .....yrs. .....mss. ..... Where was disease contracted, Every item of In should state CA OCCUPATION 14 THE ABOVE IS TRUE TO THE BEST OF MY If not at place of death?... usual residence DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address) 15 29 UNDERTAKER 0 ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Palto., Requesting V. S. No. 1.

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on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck state means of injury and qualify as accidental, cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably to determine definitely." Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal sephichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. by railway train-accident; Revolver wound of "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion,"



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#### PHYSICIANS Should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated classified. pe 9 shoul properly 14 AC NK supplied. pe UNFADING may that 80 of terms, on back 0 AINLY EATH in plain WRITE See PO Item Every Item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. V/ [If death occurred in Village or City ...Ward) a hospital or Institution, give its NAME lastead of street and number.] **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIEO. Larr 191. WIDOWED. ORDIVORCED (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day (Year) TAGE It LESS than end that death occurred on the date stated shove, 1 day .....hrs. The CAUSE OF DEATH OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 5. 1915 (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place lo the of death yrs. .... \_ mos. Stale ... \_ ds. yrs, \_\_\_\_ mos. Where wes disease contracted. 14 THE ABOVE IS TRUE KNOWLEDGE If not at place of death? Former or usoal residence. 19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIA 15 Westersport, Md. 20 UNDERTAKER ADDRESS REGISTRAN

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Village or Cit Ambula d (No. Potom	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Angle White Single,  Married,  Wilder of Birth  4 COLOR OR RACE S SINGLE,  MARRIED,  Wildowed  OR DIVORCED or gla  Write the wording gla	16 DATE OF DEATH  Sconth)  (Day)  (Year  17 I HEREBY CERTIFY, That I attended deceased from 191 to 191
7 AGE 2	that I last saw h alive on and that death occurred on the date stated above, at 2.2.  The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Buration) yrs mos.  Contributory Secondary
10 NAME OF FATHER FRUNK Wayner  11 BIRTHPLACE OF FATHER (State or country) Way TV A	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of deethyrsmosds. State, 2 f. yrs. 6mos. 28 Where was disease contracted, If not et pieco of death?
(Informant) fames Thomas  (Address) Embed and Ind  15 AUG 19 19 12 Mark Latter	Former or usual residence 209 Oldtown Rd.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
Filed Registran	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH	CTATE OF MADYLAND
Theresand A	STATE OF MARYLAND CERTIFICATE OF DEATH
ounty fisten 1	Registration Dist. No.
illage or City whiland (No. 16)	(It death occurred in a hospital or institution, give its NAME instead
² FULL NAME	tellbom Mysne of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE MARRIED, MIDOWED OR O'TO CE O (Write the word)	(Month) (Day) (Year)
OATE OF BIRTH And 6 1915	that last saw h affection after on 191,
AGE    I LESS than 1 day hrs. OR hip.?	and that death occurred on the date stated above, at 2.2 m.  The CAUSE OF DEATH * was as follows:  Authorid Coxadia Augustus
CCUPATION (a) Trade, profession or particular kind of work	Jupania Corage C. Jisseney
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Buretion)mosds,
State or country) Countraland Mil.	Contributory Secondary  (Burstian) yrs mas 4s.
10 NAME OF PATHER HAY Known	(Signed) The funding M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER MANNA MACONE  13 BIRTHPLACE OF FATHER (State or country)  14 MAIDEN NAME OF MOTHER MANNA MACONE  15 MACONE M	(State the DIREAGE CAUSING DEATH, or, in deaths from VIOLENT CAUSING, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, STICIPAL OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Anaightic	At place in the state, yre. mes. ds. State, yrs. mee. ds. Where was discese contracted,
(Informant) M. M. Little feel	If not at place of deeth?  Former or usuat residence
(Address) Herrikeland mg.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  OT LING LING 191
Filed UG 26 191 191 Max listen REGISTRAR	20 UNDERTAKER ADDRESS Combelacell
If more blanks are needed, address State Registrar,	16 W. Saratoga St/, Balto., Requesting V. S. No. 1.

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state occupation at beginning of illness. If retired from -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," ctc., of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Loco-engineer, Stationary fireman, etc. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer, But in many cases, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." # (Recommendations suicidc. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conand consequences (c. g., sepsis, telanus) may be stated Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitist" ctc. cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere



1 PLACE OF DEATH SICIANS STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. M. Mebhanis It death occurred to a hospital or institution. give its NAME instead of street and number. EXACTL RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE be stated MARRIED. PERMANENT WIDOWED OR DIVORCED 1961 (Month) (Day) (Year) properly NIONIA certificate. attended deceased from 6 DATE OF BIRTH pluods pe (Day) Year) Month) 7 AGE of If LESS than may and that death occurred on the da ш 1 day, brs. back O The CAUSE OF DEATH \* was as follows: min. ? S V + so that no 8 OCCUPATION supplied (a) Trade, profession, or 0 Instructions parlicular kind of work. (b) General nature of Industry terms, business, or establishment in UNFADING (Duration) carefully which empleyed (or empleyer) 9 BIRTHPLACE Contributory Secondary (State or country) 5 pisig 0 10 NAME OF pe in 2 FATHER WITH (Signed) ARGIN should important. EATH PARENTS 11 BIRTHRUACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, PLAINLY, = 0 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. matlo OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 Very OR RECENT RESIDENTS) ы 13 BIRTHPLACE USI Al piace in the of infor OF MOTHER WRITE S (State or country) of death State. yrs. ..... mes. :.... Every item of in should state CA! OCCUPATION i Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Farmer or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Filed m တ် REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial camployments, it is necessary to know (a) the kind of work and also (b) the nature of the cion, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits ean be known. The question write Nonc Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day laborer, Form loborer, Laborer "Foreman," "Manager, mobile factory. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed " "Dealer," etc., without more Never return "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from ehild-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-State cause for which Never report mere wound of



8 OCCUPATION (a) Trade, profession, or particular kind of work	-
(b) General nature of Industry business, or establishment in which employed (or employer)	(Ouration) yrs mos 7 ds.
9 BIRTHPLACE (State or country)  AMA  Si	Contributory Secondary (Oureliop) Tyrs. mos. de.
10 NAME OF ST. B. Wigfield	(Signed) Haw H 1, 5 mm, M. O.  - aug 2 4 191 V (Address) Decurbon last Mars
II BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicinal.
OF MOTHER Lulu J. Brecey  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In ths of death
(Informant) IV. & Wigfield	Former or usuel residence
(Address) Trust Mountain	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
FILET 1915 May Stan REGISTRAR	20 UNDERTAKER AODRESS LOUIS Steven AODRESS LOUIS
If more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

18 DATE OF DEATH

31 Baker

If LESS than

1 day, hrs.

min.?

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(Month)

occurred on the date stated above, at

DEATH \* was as follows:

CERTIFY, That I attended deceased from

MEDICAL CERTIFICATE OF DEATH

If death occurred in

a hospital or institution, give its NAME instead

of street and number. ]

(Day)

1914

LY. PHYSICIANS Exact statement of AGE should be stated EAMO it may be properly classified. back of certificate, d be carefully supplied. in plain terms, so that t. See instructions on -Every item of information should be should state CAUSE OF DEATH in p OCCUPATION is very important. So m ż

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

SINGLE, MARRIEO, WIOOWEO

OR OIVORCED

(Day

County

3 SEX

7 AGE

Village or City

6 DATE OF BIRTH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwrite None. or given up on account of the disease causing death, the duties of the honsehold only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed know (a) the kind of work and also (b) the nature of the Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapmeumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," cough; Chronic valvular heort disease; Chronic interstitial "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-under the head of "Contributory." (Recommendations head-homicide; Poisoned by state Means of injury and qualify as accidental, suicidal, or nonicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway troin-accident; Revolver or miscarriage as "Puerperal septichuemia," "Dropsy," corbolic acid-probably State cause for which Never report mere "Exhaustion," wound of



RESERVED FOR BINDING MARGIN

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Gounty allegary (200	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Trustburg (No	St.; Ward)  St.; St.; Ward)  St.; St.; Ward)  St.; St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That I attended deceased from 2, 1912.
7 AGE (Month) (Day (Year)  7 AGE (J) (Sear)  7 AGE (Sear)  7 AGE (Sear)  7 AGE (Sear)  7 AGE (Sear)	and that death occurred on the date stated above, at 4 am, The PAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Dephref is  (Ouration) 8 yrs 7 mos des
9 BIRTHPLACE (State or country)	Contributory Wargement & Meant Secondary, (Doration) 2 yrs mos ds.
on 11 BIRTHPLACE 12	(Signed) () (Address) Frostoning M. D.
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds
(Informant) (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address). Frostburg  15 Filed Aug //, 19,5 Del Lowroy	Olegany em Meg 3, 1915  PUNDERTAKERY  ADDRESS
If more blanks are needed, address State Regi	strar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, who receive a definite salary), may duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speeladditional line is provided for the latter statement; cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," children, not & cntered as "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia" unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc, when a definite discase can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage,", "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of 0 f



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Pealer," etc., without more precise specification as Day luborer, Farm luborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, in espective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, At home. Locomotive engineer, Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

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1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stotionary fireman, etc. But in many cases, write None Housemaid, etc. "Foreman," "Manager," "Dealer," etc., of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, Locomotive engineer, If the occupation has been changed Never return If retired from without more "Lahorer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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### PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

Village or City elles the (No	St.; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale State Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year)  (Month) (Day) (Year)  7 AGE (Month) (Day) (Year)  1 (LESS than 1 day,hrs. ORmio.?	and that death occurred on the date stated above at
(a) Frade, profession, or particular kind of work	Cied franklightensteins  (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  C OF FATHER  (State or country)  Pa	(Signed) (Buration) yrs mes ds. (Signed) , M. D. (Address) Allroler 2nd
12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds.
Informant) Alexale Signal and (Address) Elleralia 32	Where was disease centracted, If oot at place of death?  Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BUBHAL
Filed,191.5	Porter franz gard cueg 26, 1912 - 20 UNDERTAKER LEGS MUNICIPAL SULLES ME

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 82

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BALLSE BOTTER BOLLD.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only '(not paid Housekcepers cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis "Contributory." Accidental drowning; Struck by railway train-accinant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_\_ The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 da.; Never report Examples: For VIO



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business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more know (a) the kind of work and also (b) the nature of the mobile factory. The material worked on may form part mill; (a) Salesman, (b) ( rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, At home. Care should be Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated genital," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned by Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. State cause for which mus," "Old Age," "Shoek," "Uracmia," "Weakness," birth or miscarriage as "PUERPERAL septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" chopmenmonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," corbolic acid-probably "Atrophy," "Exhaustion." ("Con-



S. No. 1.

1 PLACE OF DEATH

ICIANS ment of	County alla garage	STATE OF MARYLAND CERTIFICATE OF DEATH
Sign		Registration Dist. No.
CTLY, PH)	Village or City Cumberland (No. alergas  2 FULL NAME AND Colors	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
Tie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be stated EXA(roperly classified	SEX 4 COLOR OR RACE   S SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
should ay be proof	7 AGE (Month) (Day) , 1 & 8 (Year)   1 & ESS than   1 day, hrs.	that I last saw har alive on and that death occurred on the date stated above, at 72 m.
so that it ons on ba	B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry	The CAUSE OF DEATH * was, as follows: Chronic
arefully su aln terms, e instructi	business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Linearies ds.
ion should be ca F DEATH in pial Important. See	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Buralies)  (M. B.  (M. B.  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
Informat AUSE O	13 SIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Al place of death?  Where was disease contracted, if not at place of death?  Fermer or
3.—Every Item of should state C OCCUPATION	(Address) Carpful World	sual residence  19 PLACE OF BURIAL OR REMOVAL  St. Patricks  20 UNDERTAKER  ADDRESS
S.	REGISTRAR  If more blanks are needed, address State Registrar.	16 W Saratora St. Balto. Requesting V. S. No. 1.
Z	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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